MINUTE NOT YET ENDORSED AS A CORRECT RECORD





GCHCPC(West)(M)06/02 Minutes 2 Paper No.

West Glasgow Community Health Care Partnership Committee

Minutes of the Meeting held at 3.30 p.m. on Thursday, 6 April 2006 in the Councillors' Corridor, City Chambers, George Square, Glasgow

PRESENT

Councillor Aileen Colleran (Chair) Jessica Murray (Vice Chair)

Lorna Barr, Professional Executive Group Terry Findlay, CHCP Director Councillor Dr Malcolm Green Tam Munro, Public Partnership Forum Councillor Dr Christopher Mason Barbara Elliot, Professional Executive Group Councillor Gordon Matheson Prince Obike, Staff Partnership Forum Dougie Taylor, Public Partnership Forum

IN ATTENDANCE

Pam Fenton, Head of Health and Community Care W.G. CHCP Matt Forde, Head of Children's Services W.G. CHCP Dr John Nugent, Clinical Director, W.G. CHCP Ray de Souza, Head of Planning and Health Improvement, W.G. CHCP Karen Whyte, W.G CHCP (Minutes)

ACTION BY

1. APOLOGIES

Apologies were received from Councillor Irene Graham, Dr Janice Oliver, Professional Executive Group, Jim Crichton, Head of Mental Health, W.G. CHCP and Jeanne Middleton, Head of Finance W.G. CHCP.

2. MINUTE OF LAST MEETING ON 16 MARCH 2006

The minutes of the last meeting held on Thursday, 16 March 2006 were agreed as accurate, subject to the inclusion of amendment noting that Councillor Mason had submitted his apologies for absence in advance of the last meeting.

3. FINANCIAL REPORT

Terry Findlay introduced this report on behalf of Jeanne Middleton. The table on the first page of the report is an indicative budget pending decisions on delegation with the Social work Department and inclusion of budget transfer from the former Yorkhill Division. There are three significant pressures and saving strategies that would impact upon the CHCP; these were Home Care Services; Children's Residential School Services and GP prescribing costs. It had been agreed with the other CHCPs that prescribing costs would be risk shared in the first year. Terry Findlay also outlined the Capital Programme Position at point 5 of the paper and reported how these were progressing.

Tam Munro highlighted that there was a high population of elderly people in the West CHCP area and that the associated costs of prescribing would of course be high.

Councillor Mason enquired what Host Services were and Terry Findlay explained that these were The Sandyford Initiative, Sexual Health Promotion Services, Primary Care Support and Pathways to Work – NHS Board wide Services which were overseen by the West CHCP.

Councillor Mason noted that Learning Disability was not mentioned under Section 3 – Pressures and Issues. Declaring a personal interest in the learning disabilities field, Councillor Mason expressed concern about inadequate support for people with learning disabilities in general and speculated that people might be leaving older relatives to cope in isolation after their passing.

It was noted that the significant pressures described were those that could be predicated now but this did not detract from the fact that all services will be under pressure to maintain levels of service with increasing demands from service users.

It was noted that a more definitive budget report will be provided for the June $$\mathsf{JM}$$

4. PROPOSAL TO ESTABLISH SUB-COMMITTEE ON WORKLESSNESS

At its informal meeting in March, the Committee proposed setting up a Sub-Committee on Worklessness. A paper proposing a remit and membership for the Sub-Committee was considered and agreed by the Committee. The formation of this Sub-Committee was intended to underline the importance of addressing the issue of worklessness as a priority for West Glasgow CHCP. The Sub-Group's emphasis would be on addressing health and social care aspects of "worklessness", what the CHCP can do to raise the profile of these issues within the community and exploring what actions the CHCP could take as a large employer in the area, and in its capacity as being a service provider.

The Sub-Group would engage proactively with the Community Planning Partnership (CPP) to improve the co-ordination of the range of employability initiatives operating in the CHCP area.

It was agreed that Councillor Colleran would Chair the Sub-Committee. The remit for the Sub-Group would be further scoped out by the membership at the first meeting. Terry Findlay and Ray de Souza would draw together the The members of the Group in consultation with the Local CPP Manager.

TF/RdS

5. REPORTS FROM SUB-COMMITTEES

a) <u>Professional Executive Group</u> (PEG)

Dr John Nugent confirmed that the PEG had last met on 5 April 2006. Prescribing Lead interviews would be completed at the end of April; he highlighted that the PEG had support from the Primary Care's Clinical Governance and Complaints Department (new PEG attendee). It had been proposed at the last meeting to have a (half day) Development session for members on 24 May 2006.

Dr Nugent had asked each contractor member of the PEG to prepare a short brief in response to Councillor Dr Green's request at the last Committee Meeting, notably for basic information about their responsibilities and changes to their contact. He hoped to present this to **JN** members at the next Committee Meeting.

Representatives from both Addictions and Learning Disabilities will be invited to join the PEG once these positions are populated/identified. PEG members asked for further information about HALL 4, and this would be made available to them at the next meeting.

b) <u>Public Partnership Forum</u> (PPF)

Ray de Souza reported that the PPF was now scoping out the remit for the Forum in the context of guidelines provided by the Health Board and City Council. An event was being organised for the end of April to elicit the views of community organisations in Woodside and the surrounding area. Tam Munro advised that representation was being sought from the homelessness network and travelling people for the Steering Group. He also said that a website was being developed for the CHCP.

c) <u>Staff Partnership Forum</u> (SPF)

Prince Obike advised the Committee that progress had been made in establishing a formal agreement between the key parties on the Forum. A paper had been circulated for consultation on who will represent the staff side on the SPF. Prince Obike would provide another update on **PO** progress at the next meeting.

6. DEVELOPMENT OF THE COMMITTEE

Terry Findlay presented a paper outlining the development opportunities for the Committee. A key aspect was to develop the scope of the Committees work, focusing on the draft CHCP plan. It was agreed that Development Sessions would be organised in the first week of May. Members were asked to express their preference for orientation visits to local services so that an appropriate TF programme could be developed. Following discussion the Chair advised Members that they should put forward their names if they wished to take a lead in a specific area of interest.

7. REDESIGN OF CHILDREN'S SERVICES

Matt Forde introduced a paper on the redesign of Children's Services. A significant policy change affecting health checks and screening for children is being implemented in response to a report entitled "Health for all Children 4" (now commonly known as "Hall 4"), published in 1993. This change comes with other significant challenges and change programmes in children's services, referred to in paragraphs 1.3, 1.4, and 1.5 of the report. A far reaching consultation paper issued by the Scottish Executive, -"Getting it Right for Every Child" – proposes streamlined processes and new statutory duties on agencies, and will emphasise the need for better integration. Inspection of multi-agency child protection work, implementation of the Additional Support for Learning Act, and revised national standards for Youth Justice all have significant implications for the CHCP during 2006-2007.

He reiterated that the policy introduced following HALL 4 aims to establish a universal programme of screening, surveillance and health promotion that effectively support children's health and development and also ensure the needs of vulnerable children and their families are identified and met. The three key areas of the HALL 4 model groups are: universal core programme; additional support from Health Visitors; and intensive support. He advised members that the implications for the West CHCP, noted at Section 3 in the paper, were likely to be considerable.

Councillor Gordon Matheson advised the Committee that he was otherwise employed as a RNIB Parliamentary Officer. Commenting from this perspective, he noted that the exclusion of screening in pre-school children for sight defect could mean undiagnosed myopia. Matt Forde confirmed that an Implementation Group would need to be developed to consider the implications of this report.

Jessica Murray highlighted that some young mothers may miss the informal work that is done with their local Health Visitor. Dr John Nugent confirmed that there were implications around HALL 4 but that issues would need to be taken forward with Health Visitors and that he and Cathy Holden, Senior Nurse for Children's Services had written out to Health Visitors regarding the implementation of HALL 4.

Councillor Dr Mason raised the issue that there was a need to empower teachers with regard to autism in children. In conclusion the Chair pointed to the **MF** need for the Committee to be kept informed of developments in relation to the redesign of Children's Services.

8. REDESIGN OF REHABILITATION & ENABLEMENT SERVICES

Pam Fenton presented a paper outlining the plans to integrate existing services. Older people who are frail and vulnerable can benefit from intensive and targeted rehabilitation provided as part of an on-going assessment in their mobility and functioning. She said the creation of a Rehabilitation and Assessment Directorate was intended to improve co-ordination of services provided within the community. The single shared assessment tool would improve communication between Health and Community Care Staff, and the new CHCP will bring together the Health and Community Care Staff who will deliver this Service within a single management structure.

The creation of single management will reduce unplanned and repeat admissions to hospital through the development of increased capacity for independence. Pam Fenton highlighted actions being taken within the CHCP and with other CHCP's across Glasgow to redesign the services for older people and those with chronic illness.

Dr John Nugent asked what impact the pressure on the home care budget would have on secondary care and how it could be alleviated. Pam Fenton responded saying that a greater emphasis on health improvement and prevention was necessary with the implementation of a different kind of service from that which was currently in place. She intended that care packages for each individual would be reviewed earlier in the process as part of more effective and more comprehensive discharge systems, so that better use would be made of the homecare budget in the future.

Dougie Taylor asked about the role of the voluntary sector in this service area. Pam Fenton indicated that voluntary organisations were a key partner in the work that was currently being undertaken.

She also stated that new processes were being implemented regarding people's environment at home once released from hospital. OT Services are being developed to provide patients with the equipment patients may require at home.

Terry Findlay suggested that services and how they are delivered will be discussed further during the Development Sessions for the Committee.

The Chair confirmed that there was scope for considerable discussions in the **PF** future on all areas of service managed by the CHCP.

9. STAFF COMMUNICATION EVENTS – INITIAL FEEDBACK

The Chair informed the Committee that she was pleased to have been involved in these events and that the 4 sessions she had attended were extremely useful and advantageous. She suggested it would be helpful to repeat this kind of event in the future. Terry Findlay found that people at these events were positive about the future changes proposed. The strike action by UNISON on 28 March 2006 had resulted in a loss of around 150 attendees but that 380 staff had managed to attend over the course of the two days. It was agreed that another event would **RdS** be arranged for people who did not attend due to the strike action.

Ray advised that the most frequently asked questions at the events would be put onto Staff Notice boards on the CHCP, the website and a report would also be produced in due course.

The Chair thanked all Staff for arranging these events.

10. DATE OF NEXT MEETING

The next meeting was agreed for Thursday, 29 June 2006 at 3.30 p.m. at the City Chambers.

The meeting ended at 5.15 p.m.